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ABSTRACT

Discussion focuses on Swedish population demographics, child-oriented political reforms, research on the declining birth rate, the provision of child health care centers for children, legally mandated parent education, the law against corporal punishment of children, and aspects of community child health and maternity health care services. The tendency in modern Swedish family politics is to initiate rather extensive and broad programs which, for the sake of equality, are available to all children or families. The programs are preventive and are intended to serve as a kind of social network. (RH)

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INTERVENTION AND PREVENTION IN SWEDISH CHILD HEALTH CARE.

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Mr Chairman, dear colleagues,

It is a great honour to me to be invited to speak to such an distinguished audience. It is also a challenge. The theme of this Irving Harris symposium on Prevention and Intervention has no visible or clear-cut boundaries. What is actually considered to be prevention and what to be intervention in Swedish social policy as far as children and families are concerned?

I have chosen to start with a question that in many ways is as current today as it was 50 years ago. The question is:Why do we have so few children in Sweden? This may seem to be a rather superfluous problem to most of you when maybe one of the most burning questions in the world is how to care for the already existing children who are in an immediate danger of dying. I am also well aware that there seems to be a new "baby-boom" in Sweden right now. Since last year we have a 5 % increase in the number of new-born children in the county of Stockholm. But according to demografic experts this rise is probably temporary and due to the large number of persons born in the 60-ties who are now beginning to have children.

The problem of a falling birth-rate was first actualized 50 years ago by the well-known couple Alva and Gunnar Myrdal in a book called A crisis in the question of population. It came in 1934 in Swedish and became something of a best-seller. According to some new-malthusian ideas a low birth-rate was a necessity if the poorer classes would ever be able to gain a decent standard of living.

To Alva and Gunnar Myrdal the falling birth-rate was seen as a symtom of a badly organized society which had to be turned into an entirely new direction in order to gain more than merely illusionary improvements.Society was to be responsible for equal rights to all children regardless of the socio-economic and mental resources of their parents. This became and still is the main objective of most child welfare and child health care programs in Sweden.

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In the years to come the foundation was laid for a more "child-centered"society by a wide range of social and economical reforms aiming at improving the population-rate and counterbalancing the differences in the socio-economic conditions of families. To a great extent this was made possible through a system of proportional income taxes. I will here mention only a few major reforms:
Building-projects to provide families with many children with better and bigger lodgings.
Child-health-care-centers and maternity-health-care-centers in 1937.
General child-allowances in 1947.
Parental insurance in 1974(This means that parents may chare their time off from work to care for a new-born child and get 90 % of their income during 9 months.)

Now 50 years later the birth-rate has dropped again from a peak in the 40-ties and another one in the 60-ties. In fact it is even lower now,than it was when the whole nation got alarmed in 1934. Today the official reaction seems to be much milder. Modern demografic experts do not believe in single causes to a declining population,especially not when this condition is so characteristic of many western countries, despite differences in religion, rate of abortion and amount of unemployed mothers. Nor is it possible to foresee what consequences a low birth-rate will have on the state economy in the long run.

Nevertheless the problem with the present low birth-rate has been among the current family topics officially discussed and also the target of several recent research projects. It is interesting to notice that the main theme is still prevalent in the discussion why people in the 80-ties have so few children. Our prime minister Ingvar Carlsson wrote in the foreword to a book from 1982 called Children? something like this.- Can you really worry about a low birth-rate in a world where the biggest demografic problem is overpopulation? And he answered his own question with a yes,you can. When people in our part of the world deny themselves to have children,it has to be considered a signal that something is wrong. That the pattern of production and daily life does not leave enough room for the basic human needs to create and care for new life. That the modern society in some part is considered hostile towards children.

I have chosen to illustrate the great change in outlook on children with the help of dias taken from two serials used in parent-education classes and one used for staff teaching purposes.(These pictures are not included in this text.)

To-day the optimal and ideal size of a family is considered to be one boy and one girl. At least it seems to be like that according to most commercial advertisements. In some ways this may be the true picture. In a population of 8 millions ,we have 1 million families with children under 18 years of age. 71 % are so called nuclear families (mother,father and children). 11 % are mixed families(1 parent is a step-parent to at least one child).
18 % are single parents. 83 % of children seven years old has at least one sister or brother, but very few have more than 2 siblings.

In the second part of this paper I will discuss the growing impact of psychological and educational theories on child-health-care.

Let us compare two big enterprises from 1967 and 1979. The older program is a medical and psychic screening of four year old children on a voluntary basis. It is performed by the paediatrician and the nurse at the local health-care-center. The other is the parent-educationprogram initiated and made a law by the Parliament in 1979. It was one of a number of public undertakings with the purpose of finding and helping children with special needs. The same purpose and the same background lay behind the screening of children ten years earlier, but then the interpretation was more a medical one. The assumption behind the screening-program was that an early detection of eventual medical and/or psychic problems would provide optimal opportunities for a cure and a favourable prognosis for the future development of the child.

In an extensive follow-up-study Mellbin,Sundelin and Vuille(1982) questioned the prognostic value of this screening. Nor was it possible to prove the detection of cases of unknown diseases that had to be treated before a critical age. However, they also stated, that the program did have a positive effect on the development of child-health-care-centers. More paediatricians and nurses had also been engaged into this screening-program as well as psychologists. The program was also welcomed by the parents who came in increasing numbers. To-day more than 90 % of all children are coming regularily to the centers from zero to seven years of age.

So even if the screening-program originally was designed to detect single symtoms in a suitable age-group,it has become an integrated part of the national health-care program offered to all children. In recent years the focus has been more and more directed towards the care of infants and of new-born families. The psychologist who are members of both the maternity-health-care- and of the child-health-care teams have unique opportunities to follow and to support families all along the critical puerperial period. they may also use their knowledge and special expertise as consultants to other staff-members.

Let us now look at the other big enterprise- parent-education.Actually this is a large and comprehensive program in four phases comprising preschoolers and adults in general like military men and police officers. So far only the first phase- parent education during pregnancy and the first year of life- has been legislated by the Parliament and made into a compulsory task for the health authorities since 1980. Naturally it is voluntary to parents and free of charge.

In some ways this new task put a great strain on many nurses and midwifes. The child-health-care nurses were not used to work with parents in groups. The midwifes found it hard to combine the teaching of breathing patterns and other parts of their ordinary classes in psychoprophylaxis with the new demands for smaller groups and more time for discussions. The aim behind this new program is to activate the parents´own resources and to learn together from each other in a group-setting. The idea is to have small,informal groups that are held together from early pregnancy, where all members feel at ease with each other and may continue to meet even after finishing the group.Together they may learn about the normal development of their children. Together they may even be able to tackle and to solve common problems in the community concerning the well-being and safety of their families.

The original model for parent-education may seem most suitable for urban and suburban people who are used to work together in groups, and who have enough protection of being not too familiar with each others private lifes to benefit from discussions with other parents. But there is plenty of room for modifications in the program.

In classes held during pregnancy the attendance of both parents is more or less a rule. When they meet again after delivery the number of fathers present at meetings is usually much smaller. The main reason for the reduced attendance may be difficulties to combine work-hours

with parent education classes and a still lingering reluctance to ask for leave although it is a prerogative.

Prevention of child abuse and a wish to change the attitudes towards physical punishment is also a matter of great concern. One might regard the organisation of parent groups as one way of trying new methods of sharing and discussing expert as well as common sense knowledge.The goal is to do that in a non-moralising and non-intruding way also when it concerns such delicate matters as violence towards children. In july 1979 a law was introduced that forbids parents to use any form of corporal punishment. This law entails only changes in the Parental code and not in the Penalty code. It was introduced with the assumption,that the slower working social pressure which springs from something forbidden by law, in the long run would give permanentely lower frequencies of corporal punishment among parents. So far only a few cases of parental child abuse in the form of corporal punishment have been brought to court.

To sum up I would like to go back to the theme of this session. The tendency in modern Swedish family politics is to initiate rather extensive and broad programs , that for the sake of equality are available to all children or families.In most cases they may be characterized as rather preventive. They are also intended to serve as a kind of social network. Within these broad frames there will also be room for and naturally a need of many individual interventions. Most times these may aquire a close cooperation with other authorieties concerned.

In community child-health- and maternity-health-care-service were I work as a consultant we do have a close and in most cases very intense cooperation. There are regular meetings between the child-health-care nurses and child-care-assistents to discuss children in need of extra stimulation and who might benefit from an early pre-school start. The general tendency now is to avoid separation of a child from his family. Instead different kinds of support to the family is provided, like the help of a child-guidance clinic, a family therapy agency or a specially trained child-minder,who can work with the family in their home for a longer period of time.

The hazards of cooperation work are wellknown to all of us. There is always a danger of offering too little to a family or too much. A danger of involving too many strangers in the whereabouts of a family . A danger of being controlling but not helpful. I am sure that these four days at the conference will give us all many opportunities to share both our joys and sorrows in our joint efforts to make not

only our own countries but the whole world a better place to be born into and to grow up in. - Thank you! -

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